

LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

J. W. HOLLAND, A.M., M.D., }
H. A. COTTELL, M.D., } Editors. JOHN P. MORTON & CO., Publishers.

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LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA"

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No. 18.

J. W. HOLLAND, A. M., M. D., } Editors.
H. A. COTTELL, M. D., }

NERVE-STRETCHING.

At a society meeting in this city, a few days ago, it seemed to be the general opinion that while nerve-stretching as a remedy for centric diseases had failed to come up to expectation, it was still worthy of trial in the treatment of peripheral affections, such as neuralgias and local spasms.

Our latest advices are calculated to destroy all faith in it as a remedial measure. In the Medical Press and Circular for April 12th is a summary of a debate on this subject, in which the leading Berlin surgeons and physicians took part. We learn from it that Dr. Westphal stated that since 1877, when he first undertook this operation, he had not seen a single case in which it had helped. On the contrary, a detailed account was given of cases of *tabes dorsalis*, *tabes dorsalis spastica*, *paralysis agitans*, and neuralgias of all kinds made worse by stretching the nerves. He related a case which illustrates the extraordinary pertinacity with which the experiment was tried, only to fail in the end. Dr. Langenbeck had within six months operated seven times on one patient. He stretched both crural nerves and both sciatics; then he cut a piece out of the peroneal, another out of the plantar nerve, and finally, as the great toe was the chief seat of pain, he amputated that, and notwithstanding all this the patient's condition was not improved in the slightest degree. He had seen the case of Nussbaum's celebrated as a

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successful stretching of an intercostal nerve. The patient assured him (Westphal) shortly after the operation that the pain was as bad as ever; in fact it seemed even worse than before. At any rate the result was far from being as successful as was generally believed.

Doctors and patients alike are enamored of novelty, and both feel a psychical impression that monopolizes attention when some startling operation in which great confidence is expressed has been performed. Westphal attributes the temporary improvement sometimes seen to this psychological effect, which on ataxic cases naturally hopeful is especially marked. A sanguine doctor infuses faith and hope into the patient's mind, and as a result for a time he appears to be benefited by any thing new or wonderful, whether it be the galvanism of Remak or this more formidable measure of cutting down upon and pulling the offending nerve.

Dr. Bardeleben testified to the accuracy of Westphal's report of the sequel to operation in Nussbaum's case. He stated that though he had performed nerve-stretching for the medical staff very frequently, he had never seen good results.

We give great prominence to these conclusions in the hope that American surgeons, who have just fairly welcomed this procedure, will see the propriety of bidding adieu to it. The chances of benefit from it are not great enough to justify the pain and risk attending its performance.

DARWIN'S DEATH.—Thursday, April 27th, there died "the greatest scientific inquirer

and the most pregnant scientific thinker that has lived since Newton." Charles R. Darwin, author of the "Origin of Species," and discoverer of the law of *natural selection*, will be buried near Sir Isaac Newton in Westminster Abbey.

When his great idea was first announced, in 1859, it encountered some opposition, especially in theological circles; but so cogent was his presentation of it that conviction of its truth seized at once the minds of most of his scientific contemporaries. In medical thought, as in every department of mental activity, its influence has been felt and is progressively increasing. Great theologians find it opportune to publicly announce—as did Canon Liddon at St. Paul's and Canon Prothero at Westminster last Sunday—that Darwin's theories are not necessarily hostile to the fundamental truths of religion. Such a conclusion is just and admirable, although twenty years ago he would have been a bold preacher who would have pronounced it in cathedral walls.

MISCELLANY.

REPOSITION OF THE RETROVERTED GRAVID UTERUS.—Dr. L. S. Oppenheimer (Western Med. Reporter) claims that the method advocated by Dr. H. F. Campbell, of Georgia, of repositing displaced uteri by pneumatic pressure in the vagina is especially suitable to this class of cases. It is unaccompanied by great danger, is easy of execution, and, if there be no adhesions, the result is all that could be desired. He reports the following case:

Mrs. B., aged nineteen, in the thirteenth week of her first pregnancy. Had suffered with almost constant backache and painful menstruation for several years. She could not bend forward without producing severe lumbar pain. Every attempt at coitus has been followed for one to two hours by very great pelvic and lumbar pain, nausea, and vomiting. Has been growing worse within the past week. Irregular and painful uterine contractions felt. She has been unable during the past few days to be on her feet. There is some fever present, accompanied by constipation and difficult micturition. The enlarged fundus uteri was found tilted back-

ward and firmly lodged beneath the sacral promontory, with very limited lateral mobility. The cervix was tilted upward over the pubic symphysis. In fact, the fundus was lower than the cervix.

After emptying the rectum and bladder the patient was put in the knee-chest position, and the two forefingers of the left hand used as perineal retractors instead of Sims's speculum, to admit air into the vagina. It was then found that the uterus was more movable. With the index-finger of the right hand the cervix was gently but steadily pulled down over the symphysis, and the body at once fell forward without direct pressure.

The relief seems to be permanent, and the patient will probably go to full term without further discomfort.

THE ANATOMY, PHYSIOLOGY, AND PATHOLOGY OF THE BLOOD-CORPUSCLES.—Dr. Alex. Duane, of New York, concludes his article upon this subject in the April number of the New York Med. Journal and Obstet. Review. The article as a whole embraces an historical and critical review of the part played by the corpuscular elements of the blood under normal and pathological conditions. For the red corpuscles the author proposes the term "erythrocytes." He thinks that Hewson's idea that these corpuscles are spherical sacs, containing a central globule of uncolored substance, although certainly false in the majority of cases, is not indefensible, the appearance of a central spot being due perhaps in some cases, as Arndt conjectures, to a residual granule, a relic of those that, according to the latter's hypothesis, once constituted the whole corpuscle. The criticism is suggested that the means employed by Hayem to demonstrate his "hematoblasts" are just the ones that produce disintegration and decolorization of the red corpuscles, resulting in appearances closely resembling what Hayem describes. Norris's colorless, biconcave, discoid forms seem open, Dr. Duane thinks, to a similar objection. Malassez's modification of Gowers's hematocytometer does away with one source of inaccuracy in the use of the instrument, since the depth of the cell can always be adjusted to exactly 0.02 mm. The author differs with Obrastzow, Arndt, Norris, Flint, and others in the conviction that nucleation of the white corpuscles is a normal condition, and not attributable to post-mortem coagulation of granular "nuclear matter," the chief reason for his dissent being that nucleated cor-

puscles are observed in the vessels of living animals. The erythrocyte of the adult can not be said to be capable, as a rule, of amoeboid movement or of division, although such may be the case under morbid conditions. The remainder of the paper, which does not readily admit of a synopsis, includes a discussion of the formation and destruction of the corpuscular elements, the part taken by them in physiology, and a consideration of certain pathological conditions, notably leucocythemia, anemia, and chlorosis.

ARTIFICIAL PORT WINE.—Dr. Collenette, a Jersey physician of temperance principles, lately gave a lecture on the Manufacture of Old Crusted Port. One of the audience, according to the Scientific American, was requested to purchase from a local wine-merchant of repute a bottle of port, for which he paid six shillings. This, with cobwebs, etc. was deposited on the lecturer's table. Dr. Collenette then stated he would in the course of a few minutes produce a similar article at a cost of five farthings. A judge—a gentleman said to be well qualified—was then elected by the meeting. A committee was chosen to come upon the platform and witness the operation. This consisted of weighing out ingredients. The basis of the composition was cider; bullock's blood was used for a rich, tawny color, tartaric acid to give age; cream of tartar mixed with gum-water was smeared on the inside of the bottle and gave a beautiful crust. Outside, cobwebs with dust and whitewash were applied to give an ancient look, and the bottle was stoppered with a well-stained cork. The *expert* was introduced, and tasted a glass from each bottle, declaring, with a knowing wink at the audience, that the wine *à la Collenette* was the genuine article. The temperance audience of course applauded to the echo.

AFFECTION OF THE EYE CAUSED BY MASTURBATION.—The *Roue d'Oculistege du Sud Quest* gives curious details upon the special etiology of affections of the eye. The relation between masturbation and diseases of the eye has up to the present attracted but little attention from practitioners. It is not even mentioned in the best treatises on ophthalmology. According to the American Specialist, Dr. Landesberg says that he has seen only two of these cases mentioned in works upon ophthalmology. One of these cases is related by M. Dien, who says that an amblyopia developed in a child five years old in consequence of masturbation, and

that after curing a phimosis, the determining cause of this habit, that vice having been abandoned, the sight returned to its normal state. The other cases are cited by Foerster, who said that he had met with very obstinate cases of chronic catarrh of the eye in patients from twelve to twenty years of age, in whom he ascertained that onanism was the sole cause of the affection; and Dr. Landesberg believes that chronic inflammations of the eye resulting from masturbation are not as rare as one would suppose from the little that has been written on this subject. He has observed in the two sexes a constant relation between acne of the face, chronic catarrhs of the eye, and masturbation.—*Jour. de Méd. et de Chirurgie; Cin. Lancel and Clinic.*

THE ANTAGONISM BETWEEN AMYL NITRITE AND CHLOROFORM.—An Italian physician, Dr. Testa, has published a series of carefully conducted experiments upon the action of amyl nitrite in the presence of chloroform. Rabbits were used in these experiments. Dr. Testa concludes that amyl nitrite lowers arterial tension, increases the heart-beats, and renders respiration irregular. There is no true antidotal action between amyl nitrite and chloroform. On the contrary, its use in chloroform-poisoning is pernicious, as it intensifies the very risks to which chloroform is liable.—*J. B. M.*

THE OBLIGATORY ATTENDANCE OF A DOCTOR.—Dr. Gutmann, who is practicing in St. Petersburg, has been fined ten roubles and condemned to a month's "arrest" for having refused to visit a patient who urgently demanded his services, and who died while a doctor was being sought for. The chief point urged in his defense by Dr. Gutmann was that the person for whom his services were requested had fallen ill in consequence of having partaken of some injurious food, while his practice was confined to the treatment of the venereal disease.—*Med. Times and Gazette.*

THE celebrated anatomist Hyrtl was once busily engaged in dissecting in the anatomical rooms of the Vienna Hospital. A guard of military police came into the neighboring court on which the windows of Hyrtl's room looked. They began to go through their evolutions, when Hyrtl threw open the window in a rage and cried out, "Withdraw, you slaves; disturb not with your farfare the quiet of the dead."—*Ibid.*

ABORTIVE TREATMENT OF BUBOES WITH CARBOLIC ACID.—Dr. Morse K. Taylor, U. S. Army, in the April number of the American Journal of the Medical Sciences, publishes a paper on the abortive treatment of buboes by injections of carbolie acid. He reports twenty cases in which he certainly obtained remarkably successful results; and he states that within the last seven years he has treated nearly one hundred and fifty cases of various forms of lymphadenitis arising from specific and non-specific causes; and where he saw the cases before the formation of pus was well established he had not failed to arrest the process immediately and allay the pain in a few minutes. His method is to inject from ten to forty minims of a solution, containing eight or ten grains to the ounce, directly into the interior of the inflamed gland.

A NEW ANTIDOTE FOR STRYCHNINE.—Messrs. Williams and Waters (Proceedings of the Royal Society), claim that lutidine, an organic base prepared by distilling cinchonine with caustic potash, is an antidote for strychnine. Their experiments were made on frogs. Strychnine was given in doses sufficient to cause tetanus, and then lutidine was administered, when the tetanus passed off. When the two agents were administered almost simultaneously no tetanic symptoms followed. We have no data in regard to the dose and method of administering lutidine.—*J. B. M.*

RELIEF OF PAIN IN LEAD-COLIC.—Dr. Geneuil, in the *Bull. de Thérap.*, relates a case where he succeeded in giving complete and permanent relief to the terrible pains of lead-colic by a very simple procedure. A towel wetted with ice-water was applied over the surface of the abdomen and retained for a few seconds, and then replaced by a very hot dry towel. The pain immediately disappeared. The patient was an inveterate smoker, and the cause of the colic was probably due to the use of matches colored with chromate of lead in lighting his pipe.—*Ibid.*

HYPERTROPHIED TONSILS are treated very successfully and safely with the galvano-cautery, by M. Krishaber, who reports over forty cases. The operation is without pain.

WHEN can ovarian tumors be correctly diagnosed? When the patient has a pain (pane) in her back and her bowels are open.—*Obstet. Gazette.*

Original.

PROGRESSIVE MUSCULAR ATROPHY—ENDARTERITIS—MULTIPLE SCLEROSIS—ASTHMA.

A Clinical Lecture.

BY ROBERTS BARTHOLOW, M.D.

This case presents very characteristic phenomena. The man's hands look like the talons of a bird. There has been very great wasting of the muscles. This is a disease whose chief symptom is great wasting of the muscles. This wasting is generally preceded by pain. When the wasting occurs there ensues a decided local reduction in temperature. The local temperature, as you all know, depends on the changes which are constantly going on in the muscular system—the processes of waste and repair—so that you can very easily understand how it is that the temperature is very low when the muscles are far advanced in this process of wasting. This wasting begins at first in the muscles of the hand, and then extends gradually to all the voluntary muscles, so that finally the patient is unable to maintain the upright position, and falls all in a heap when he attempts to sit up. The wasting does not extend to the involuntary muscles—those of the heart and lungs—until very late in the course of the disease. When the lungs are at length involved, life is extinguished by a sort of hypostatic pneumonia, or perhaps the fatal process is cut short by some internal malady.

This is a very typical case of progressive muscular atrophy. It is a peculiar fact that this wasting disease often occurs in those who are robust and in the very prime of life. Sometimes we meet with a number of cases occurring in the same family.

The condition is often the result of overwork, of putting forth one's utmost strength in lifting some heavy weight, etc. This overexertion is in time followed by pain, trembling, wasting, and diminution of temperature and sensibility in the affected part. There is a history of specific disease in this instance. When we examined his hands carefully we found the marks of a specific psoriasis present, and the evidence was strengthened by the finding of a large mucous patch on the patient's soft palate. Following this clue to the origin of the disease, we have been keeping the patient on very large doses (one dram) of the iodide of potassium thrice daily. I think I will change this prescrip-

tion to one sixth of a grain of the extract of belladonna thrice daily, in full form.

What shall we do for the local wasting? Various remedies have been suggested. If the disease be purely muscular, little or nothing can be done to stop this wasting; but when, as in the present case, there is a history of specific disease, we may take a different view of the local wasting; for if it be dependent on spinal lesions, after these lesions have been modified or removed something may be done to tone up and reinvigorate the muscles. When the wasting is far advanced, how can we determine the curability of the case? In other words, how can we determine whether the muscles are capable of being regenerated? This point may be ascertained by determining the degree of electric contractility of which the muscle is capable. We reason that if it responds at all to the electric current, there is muscular tissue enough left to bring about some good result if proper treatment be employed; but that if the muscle does not respond, there is nothing left behind but fat and connective tissue. You must bear this fact in mind in this connection; namely, that the muscles may respond to a slowly-interrupted galvanic current, and may not respond to a faradic current. We may say therefore that we can not accurately determine the tonus of the muscles from the use of the faradic current alone, but that a slowly-interrupted galvanic current will often bring them into a condition in which they will respond to the faradic current.

ENDARTERITIS.

This patient comes to us complaining of sudden paroxysmal attacks resembling angina pectoris. Every few days, while he is in the erect posture, there is a sudden onset of dizziness, and he falls to the ground. This dizziness is accompanied with pain in the chest, shoulder, and left arm, and by a suffocating sensation. The attacks are not those of true angina pectoris, which is attended by somewhat different phenomena; but the paroxysms resemble it to some extent. Physical examination of the patient's heart shows us that there are a number of false intermissions in its action. It is very irritable and the pulse is irregular. Accompanying the cardiac symptoms there is considerable nervous trembling. When we come to examine the radial pulse we find it to be decidedly rigid.

Supposing disease of the heart, and finding rigidity of the radial pulse accompanying these attacks, what deductions can be

rationally made? We have good reasons for saying that there is also rigidity of the aorta, coronary arteries, and valves of the heart; that there is, in other words, a well-marked condition of endarteritis present. This being the case, we can very readily account for these sudden attacks of extreme pain in the chest and left arm. The attacks of insensibility are due to a sudden anemia of the brain. Why do I say that the aorta and coronary are affected in the same way the radial artery is? This is the law of arterial degeneration, which begins first in the arteries of the brain, then affects the aorta and coronary arteries, and finally affects the arteries of the extremities. What do I consider to be the proper treatment here? I regard one point as of great therapeutical importance: I have great confidence in the value of small doses of opium as a cardiac and nervous sedative in this disease. I shall order for this man five drops of the deodorized tincture of opium to be given every four hours. What shall we accomplish toward the arrest of this condition of chronic arteritis? I think that something can be done by the use of the hypophosphites, by cod-liver oil, and by quinia. These agents diminish the amount of these changes in the walls of the arteries, if they do not altogether arrest them. I shall order one fluid dram of lacto-phosphate of lime with one minim of Fowler's solution three or four times a day in addition to the opium. You understand, then, that we give the opium to steady the heart and the lacto-phosphate of lime to improve the nutrition of the nerve-centers and diminish the mobility of the nervous system, and so improve the condition of the arteries. Quinia shall be given in energetic doses when the man is a little better, which will, I think, have an additional good effect upon the coats of the arterioles.

MULTIPLE SCLEROSIS.

This case shows great muscular trembling, and has the characteristic trotting gait which is always significant of sclerosis. His countenance, too, has the pathognomonic cast of dejection. When the sclerosis is more advanced the gait is even more striking than we find here. One peculiarity attending the walk of these patients is that it is very hard to get them started, but that when they once get going they hurry on, faster and faster, until they fall into a sort of dog-trot.

The sclerosis which begins in the brain is not unlike that morbid process in the arterial system, of which the case just before

you was a very fair example, in which there is a fatty condition of the heart, and evidences of calcareous degeneration in the arteries of the wrist. Sclerosis may exist in patches or it may be diffused.

The sclerotic process consists in an increase of connective tissue and of amyloid corpuscles, and in a degeneration of the proper nerve-substance, as well in the brain or muscular tissue as in the walls of the arteries. Its symptoms are a peculiarity of gait, a dejected cast of countenance, and general muscular tremor, and it is often mistaken for paralysis agitans. It may occur during the most vigorous period of life, and is generally associated with changes in the aorta and in the valves of the heart.

What treatment ought we to pursue? Evidently we must try to tone up the wasting nerve-substance. The calcification of the arteries of the brain interferes with the nourishment of the brain. The therapeutical indications are the carbonate and the iodide of ammonium. I shall order two grains of each three times a day, and one half to one fluid dram of the syrup of the iodide of iron thrice daily. The ammonium salts must be taken before and the iron after meals.

ASTHMA.

This woman has been a sufferer from asthmatic attacks for many years past. Even as she sits before you here now she experiences great difficulty in breathing and her face is considerably flushed. Auscultation reveals the presence of loud, sonorous râles over the chest. There is probably more or less degeneration of the lung-tissue proper. It has been a case of asthma with gradual development of emphysema, and with it some bronchitis.

What shall we do for the patient? I think that great relief will be afforded her by the administration of fifteen grains of iodide of potassium and twenty grains of bromide of potassium four times a day. This combination may bring about a remarkable amount of relief in a very short time. It is always useful in cases of emphysema, and particularly where there is any spasm of the bronchial tubes.

PHILADELPHIA.

THE Third District (Ind.) Medical Society met on the 3d instant in Jeffersonville. The attendance was small, and but one paper was read. We hope to publish the proceedings next week.

Correspondence.

A CASE OF OPIUM-POISONING.

Editors Louisville Medical News:

With the hope that it may be interesting to your readers, I send you the following observations made in a case of opium-poisoning. The only remarkable feature in the case is the very low temperature at the time I first saw the patient.

On the morning of the 26th of February last, at 6 o'clock, I was summoned to Mr. M., whom I found in a state of profound stupor. I may mention that two weeks previously I had treated the same gentleman for opium-poisoning (supposed to have been taken with suicidal intent, as proved to be the case in the latter instance). The family could give no positive proof of his having taken opium, but the circumstantial evidence and the symptoms present were sufficient to warrant the diagnosis, which was more fully substantiated by my finding two empty ounce-vials labeled "laudanum" secreted under his bed. Evidently the drug had been taken several hours before any of his family were aware of it. For convenience I transcribe the table of temperature, with the treatment, from my note-book written as I progressed with the case:

February 26th: 6 A.M.: Temp. 96° F., resp. 14, pulse 120. Tinct. belladon., tinct. capsicum, of each half a dram every fifteen minutes. 7 A.M.: Temp. 96¼°, resp. 14, pulse 130. Treatment continued. 9 A.M.: Temp. 96½°, resp. 12, pulse 134. Now began strong current of electricity. 10 A.M.: Temp. 96¾°, resp. 11, pulse 128. Electricity continued, and gr. ⅙ atropin hypodermically. 11 A.M.: Temp. 96¾°, resp. 12, pulse 130. Electricity continued till death. 12 M.: Temp. 98°, resp. 12, pulse 132. 1 P.M.: Temp. 98°, resp. 11, pulse 136. 2 P.M.: Temp. 98°, resp. 12, pulse 140. 3 P.M.: Temp. 98½°, resp. 10, pulse 134. 4 P.M.: Temp. 98½°, resp. 12, pulse 130. 6 P.M.: Temp. 99°, resp. 13, pulse 136. 7 P.M.: Temp. 99½°, resp. 12, pulse 134. 8 P.M.: Temp. 100°, resp. 11, pulse 130. 10 P.M.: Temp. 101°, resp. 10, pulse 120. 11 P.M.: Temp. 102°, resp. 8, pulse 110. Midnight: Temp. 103°, resp. 8, pulse 100.

February 27th: 1 A.M.: Temp. 103½°, resp. 7, pulse 96. 2 A.M.: Temp. 104°, resp. 10, pulse 80. 3 A.M.: Temp. 104½°, resp. 9, pulse 88. 4 A.M.: Temp. 104½°, resp. 13, pulse 90. 5 A.M.: Temp. 104½°, resp. 20, pulse 98. 6 A.M.: Temp. 104½°, resp. 18,

pulse 100. 8 A.M.: Temp. 105° , resp. 16, pulse 100. 9 A.M.: Temp. $105\frac{2}{10}^{\circ}$, resp. 20, pulse 104. 10 A.M.: Temp. $105\frac{1}{2}^{\circ}$, resp. 20, pulse 104. 10:30 A.M.: Temp. $105\frac{3}{4}^{\circ}$, resp. 16, pulse 110. 10:45 A.M.: Death.

It will be seen that the temperature began to rise immediately upon giving the belladonna and capsicum, and at the same time there was a gradual decrease in the number of the respirations. At midnight, eighteen hours after beginning treatment, the breathing had declined to eight per minute. I believe that death would have come on at least eighteen or twenty hours earlier had it not been for the persistent use of electricity.

R. B. GILBERT, M.D.

LOUISVILLE, April 14, 1882.

Pharmaceutical.

A LABORATORY STUDY OF LISTERINE.

BY FRANK M. DEEMS, M.D., PH.D.,
President Augusta (Ga.) Academy of Medicine; formerly
Laboratory Instructor in the Medical Department
of the University of New York; Member of
the New York Microscopical Society.

Herewith I submit the report of the investigation I have made with the antiseptic combination known as Listerine. The preparation itself is a clear liquid, of an acid reaction, a powerful, fragrant, aromatic odor and pungent taste, both of which are rather pleasant and agreeable than otherwise. Its specific gravity is considerably lighter than that of water, with which, however, it is readily miscible in any proportion.

Listerine is anti-zymotic in the strict sense of the word, as derived from the Greek *anti*, against, and *zmosis*, fermentation.

Without entering here into a discussion of the question as to whether or not fermentation of every sort (be it alcoholic, acetic, lactic, mannitic, butyric, ammoniacal, or putrefactive) is due to the action and formed under the influence of living organisms on the material undergoing change, "it will be admitted on all sides, first, that these living entities are the invariable accompaniments, under ordinary circumstances, of fermentative processes; second, that substances which poison or kill these germs likewise avert these processes."* Anti-zymotics, therefore, are substances used for the purpose of preventing decomposition, but their most important use is to kill disease-germs—to destroy the

activity of the living particles which constitute contagion. In this sense I believe Listerine is, from numerous, varied, and repeated tests—the details of which I append to this report—a powerful and trustworthy antiseptic agent. It prevents the various fermentations.

Meat keeps indefinitely in Listerine. It is a swift and sure destroyer of infusorial life. It destroys the activity, growth, and motion of low forms of vegetable life. Owing to this property, combined with its non-toxic effect on the human system in quantities medicinal and not excessive, it has the great advantage over carbolic acid in that it may be administered *internally* as well as used with freedom either by injection, lotion, or spray in the natural cavities of the body, such as the ears, nose, mouth, throat, larynx, trachea, bronchial tubes, rectum, vagina, urethra, and bladder. Even in full strength Listerine does not coagulate the albumen of the flesh. I believe that owing to its germ-destroying power and non-poisonous action it is peculiarly adapted to the treatment of diseases affecting these parts, especially to those calling for an antiseptic remedy. Inasmuch as there is a great difference between the environment of germs in ordinary fermentations outside of the body (as in the experiments below recorded) and those in the organism, it is evident that doses and *dilutions* of antiseptics generally, and of Listerine in particular, harmless to the former, may have very great effect against the latter, because in the artificially-prepared fluids of the laboratory the micro-organisms only find comparatively inert matter, whereas in the organism they have to contend against the vitality of the globules, "which are in themselves a sort of living beings."

I have endeavored as far as possible to indicate the dilutions required in practice, but this point can best be settled by experience. Keeping the above statement in view, however, I believe the experiments warrant somewhat greater dilutions than those recorded in the experiments and conclusions. Pending my investigations of its power over ferments, I have used it in my daily practice, and so far my clinical experience has confirmed my expectations of its efficacy. It is an agreeable and perfect tooth- and mouth-wash. I have used it with success in purulent conjunctivitis (diluted one third), and two cases of leucorrhea yielded promptly to its use. I shall look for excellent results from its administration during the summer in the various diarrheal diseases of that sea-

* Prof. H. C. Wood.

son, and especially in those affecting children.

CONCLUSIONS.*

Listerine up to a dilution of ten per cent prevents putrefaction and preserves animal tissues. This solution being "sterilized" is analogous to the conditions of a freshly-made wound, and indicates the safety of Listerine when employed to prevent the introduction and growth of germs.

Animal tissues are preserved in it (full strength), and no putrefaction can occur in tissues immersed in it.

A twenty-five-per-cent solution of it prevents the development of bacteria and fungi in urine, and a five-per-cent solution retards the usual changes which this excretion undergoes. This seems to recommend for cystitis and other vesical diseases a dilution of from one to four to one to ten parts as an injection into the bladder.

Fresh milk mixed with it, in the proportion of one of the latter to ten of the former, will keep wholesome for a week during warm weather. One to twenty will retard the changes sufficiently to make it a desirable article in the sick-room.

A thirty-three-and-a-third-per-cent solution of it prevents the development of bacteria, and consequently the decomposition of a vegetable infusion.

A fifty-per-cent solution of it arrests the development of bacteria in a vegetable infusion.

AUGUSTA, GA.

Reviews.

Materia Medica and Therapeutics: Inorganic Substances. By CHAS. D. F. PHILLIPS, M.D., etc. Edited and adapted to the U. S. Pharmacopeia, by LAWRENCE JOHNSON, A.M., M.D. Vol. I. New York: Wm. Wood & Co. 1882.

This is the April number of Wood's Standard Library. It is part of a work which was begun in the library for 1879. A volume then appeared upon the vegetable articles of the materia medica. The author has just completed the inorganic kingdom in two volumes, of which the first is before us. His plan gives more space to the pharmaceutical relations than does Bartholow or Wood; the physiological action is amply discussed, and then under convenient headings the therapeutical applications.

*We have carefully examined the tables reporting the conditions of Dr. Deems's experiments, and they fully justify these conclusions. We regret that we have not space for the tables, which are very complete and elaborate.—[EDS.]

In addition to his collection of facts from periodicals and his own experience, he has made good use of the many excellent treatises now before the profession. Phosphorus, iodine, and bromine, with their compounds, are treated of with great ability. The author has accumulated a surprising store of useful information, not only upon these topics, but on all that this volume includes.

Lectures on Diseases of Children: A HANDBOOK FOR PHYSICIANS AND STUDENTS. By Dr. EDWARD HENoch. New York: Wm. Wood & Co. 1882.

The March volume of Wood's Library is a translation of a German work of an exceptionally original character, containing almost exclusively the author's personal experience. Some knowledge of pathology and therapeutics as treated of in the ordinary works on practice of medicine is taken for granted. It deals with the diseases that are most apt to afflict children, and those which, when they occur during childhood, present peculiar features. The agreeable and easy style is formed on that of lectures delivered to medical classes. Numerous cases are introduced appropriately for illustration. A formula closes the volume.

The publishers would have improved the work for the American reader if they had translated the metric numbers and given the ingredients according to the U. S. Pharmacopeia. It is an excellent presentation of German practice, and contains much that is new and suggestive.

Books and Pamphlets.

THE INCIDENTAL EFFECTS OF DRUGS: A Pharmacological and Clinical Handbook. By L. Lewin, M.D. Translated by W. T. Alexander, M.D. New York: Wm. Wood & Co.

CIVILIZATION IN ITS RELATION TO THE DECAY OF THE TEETH: An Essay read before the International Medical Congress, August, 1881. By Norman W. Kingsley, M.D.S., D.D.S. New York: D. Appleton & Co.

MATERIA MEDICA AND THERAPEUTICS: INORGANIC SUBSTANCES. By C. D. F. Phillips, M.D., etc. Edited and adapted to the U. S. Pharmacopeia, by Lawrence Johnson, A.M., M.D., etc. Vol. I. (Wood's Library.) New York: Wm. Wood. 1882.

THE LOUISIANA STATE BOARD OF HEALTH, IN ITS ANNUAL REPORT FOR 1881, VS. THE NATIONAL BOARD OF HEALTH. REPLY IN BEHALF OF THE LATTER. By Stanford E. Chaillé, M.D., Supervising Inspector National Board of Health. Reprint.

Formulary.

TREATMENT OF ECZEMA.

Dr. Lassar attaches great importance to the use of antiseptics. He recommends that the parts affected should be at first well soaked with antiseptic oil, of which a considerable amount is absorbed by the skin. A muslin bandage soaked in oil is then applied and covered with oil-silk. The oil may be rendered antiseptic by the addition of one to two per cent of carbolic acid, or of salicylic acid, or one and a half per cent of thymol. Sometimes the carbolic acid can be borne only for a short time, as it will of itself produce eczema. The thymolized oil is especially useful in pemphigus and erysipelas, and it has been used in burns. Rape-seed oil may be used in place of the more expensive olive oil, but drying oils, such as linseed oil, are to be avoided, as they may cause inflammation. In chronic eczema, especially in infants, and in eczema of the face, he recommends an ointment. The formula for an ointment in eczema of the face, which can not be rubbed off during sleep, is:

Salicylic acid.....	3 ss;	2.00 Gm.;
Oxide of zinc.....	} 3 vjss;	25.00 Gm.;
Starch.....		
Vaseline	3 xiiij;	50.00 Gm.

—*Annales de Dermatol.; Lond. Pract.*

DIARRHEA.

In certain cases of diarrhea characterized by a want of intestinal tonicity, A. W. Hagenbach, M.D. (Chicago Med. Jour. and Exam.), has used the following with marked success:

R Olei terebinth.....	fl. 3 ij;	8.00 fl. Gm.;
Tinct. opii.....	fl. 3 ij;	12.00 fl. Gm.;
Syrup. kramarie.....	fl. 3 ij;	60.00 fl. Gm.;
Aque pure, ad.....	fl. 3 iv;	120.00 fl. Gm.

M. Emulsify. Sig. A teaspoonful every three or four hours.

PUERPERAL ECLAMPSIA.

Dr. Theodore Trumbull (Chicago Med. Jour. and Ex.) reports a case of puerperal eclampsia in which, failing to observe any decided effect from chloroform (Squibb's), he found the following effective in warding off a second attack:

R Chloral hydrat.....	gr. cccxx;	21.33 Gm.;
Potassii bromid.....	3 j;	30.00 Gm.;
Tr. opii deodorat....	fl. 3 iv;	16.00 fl. Gm.;
Aque.....	fl. 3 iijss;	105.00 fl. Gm.;

M. Sig. A dessertspoonful in a tablespoonful of water every three hours.

TREATMENT OF UTERINE FIBROIDS.

Fibroids of the uterus may often be successfully treated by the use of suppositories of ergotin made according to the following formula:

Ergotin	gr. $\frac{1}{12}$;	0.005 Gm.;
Cacao butter.....	gr. xxij;	1.50 Gm.;
Vaselin	q. s.	

For one suppository.

These suppositories are of equal use in cases of menorrhagia, metrorrhagia, and chronic metritis.—*Le Progrès Médical; Lond. Pract.*

Clinical Lectures.

THE PECULIAR CONDITIONS ASSUMED BY MALIGNANT DISEASE OF THE SKIN IN DIFFERENT REGIONS.

Delivered at the London Hospital,

BY JONATHAN HUTCHINSON, F.R.C.S.,
Senior Surgeon to the Hospital.

You are aware that it is a doctrine upon which I often insist that certain differences in the clinical characters of malignant disease of the skin are to be observed in relation with the different surface regions of the body. The upper part of the face grows rodent cancer; the lips, ears, prepuce, and vulva, a form of common epithelial cancer, which rapidly causes gland-disease; the scrotum, the soot-wart, which, after perhaps a long duration, becomes epithelial cancer of the common type. On the legs, as we have just seen, a hard, dry papillary growth often precedes cancerous action, and the latter is usually slow and for long, without gland-mischief. I wish now to ask your attention to certain peculiarities of malignant ulceration of the skin of the abdomen. I have at present in my recollection four or five cases in which cancer of the skin of the middle of the trunk showed conditions of which I have never seen the exact parallel elsewhere. In all the ulceration progressed slowly during many years, caused but little pain, and produced no gland-disease. In these features you will say that it resembles rodent ulcer of the face, but the sores produced did not look exactly like rodent ulcer. The amount of induration in the borders and base was far greater, the destruction as a rule deeper, and above all, at no part nor in any case was the well-known sinuous roll of superficial induration simulated. It would appear that the subcutaneous cellular tissue is involved much sooner and more extensively than in rodent ulcer. There is little or no tendency to healing, which in the superficial form of rodent ulcer we so often see; nor, I believe, is the earliest stage of the disease like that of rodent. Although, however, I insist on these minor differences, it is to be admitted that the disease is after all the same, modified only by difference of place. This indeed is my assertion. I do not recollect to have ever seen the common type of epithelial cancer (wart-growing and causing gland-disease early) on the skin of the chest or abdomen. I exempt the umbilicus from this remark, for here the ordinary type may occur. Well-marked rodent ulcer, as denoted by its curled, semi-transparent, hard edge, may now and then occur on the middle of the chest, but I have never seen it on other parts of the trunk. The disease of which I speak is most intractable, and as far as I have observed, recurs immediately after removal. I treated, twenty years ago, a woman, aged fifty, with a sore of this kind in the middle of her back. I was sanguine and she was patient, and I think it was freely cut out twice, and three or four times most liberally destroyed with chloride-of-zinc paste, but without the slightest benefit. As soon as the sore was nearly healed it recurred. Almost at the same time I had under care an elderly gentleman who had an enormous malignant ulcer on the side of his chest, which had been gradually spreading for ten years or more. He was cachectic from discharge and bleeding, but had no gland-disease. More recently I saw

a gentleman from Birmingham, a patient of Mr. Horatio Wood's, who had an ulcer a foot long, and so deep that a fist might have been put into it at any part, and which yet did not prevent him from attending to his professional duties. It had existed for many years, and was supposed to have begun in a mole or nevus near the navel. He was fifty-seven years of age, and in fair health, although the discharge was profuse, and there were frequent hemorrhages.

At present I have under observation an old gentleman, aged seventy, in whom, a little above the cleft of the nates, there is on one side a patch of the size of a halfpenny, which might at first sight be mistaken for psoriasis. When you touch it, however, it is found to be exceedingly hard, much more so than psoriasis ever becomes. It is not ulcerated as yet, but it has attained its present size in less than six months, and already near to it are some smaller patches, which look as if they might develop in the same way. I much fear that the disease is malignant, and this suspicion had been entertained by high authorities before I saw the patient.—*Brit. Med. Jour.*

Selections.

A Method of Removing Benign Tumors of the Breast without Mutilation.—Prof. T. Gaillard Thomas, Surgeon to the New York State Woman's Hospital, contributes to the April number of the *New York Med. Jour. and Obstet. Review* a paper in which he expresses himself in favor of removing benign tumors of the breast as a rule, because the mere presence of a tumor in the breast usually renders the patient apprehensive, nervous, and often gloomy, while with our present improved methods of operating the patient is exposed to slight risks, the danger of the growth of the tumor is removed, and with this disappears at the same time that of the subsequent degeneration of a benign into a malignant growth. If in addition to these advantages we can add the avoidance of all mutilation to the person, we have strong grounds for departing from the practice of non-interference.

The method of operation described, Dr. Thomas has practiced thus far in a dozen cases. He distinctly states that it is entirely inappropriate for tumors of malignant character, and that it is applicable neither to very large nor to very small benign growths, being insufficient for the former and unnecessarily radical in its character for the latter. The growths for the removal of which he has resorted to it have been fibromata, lipomata, cysts, and adenomata, and have varied in size from that of a hen's egg to that of a duck's egg, or a little larger. The operation is thus performed: The patient standing erect and the mamma being completely exposed, a semicircular line is drawn with pen and ink exactly in the fold which is created by the fall of the organ upon the thorax. This line encircles the lower half of the breast at its junction with the trunk. As soon as it has dried the patient is anesthetized, and with the bistoury the skin and areolar tissue are cut through, the knife exactly following the ink line until the thoracic muscles are reached. From these the mamma is now dissected away until the line of dissection represents the cord of an arc extending from extremity to extremity of the semicircular incision. The lower half of the mamma which is now dissected off is, after ligation

of all bleeding vessels, turned upward by an assistant and laid upon the chest-walls just below the clavicle. An incision is then made upon the tumor from underneath by the bistoury, a pair of short vulsellæ forceps is firmly fixed into it, and while traction is made with it its connections are snipped with scissors, the body of the tumor being closely adhered to in this process, and the growth is removed. All hemorrhage is then checked, and the breast is put back into its original position. Its outer or cutaneous surface is entirely uninjured, and the only alteration consists in a cavity at the former situation of the tumor. A glass tube with small holes at its upper extremity and along its sides, about three inches in length, and of about the size of a No. 10 urethral sound, is then passed into this cavity between the lips of the incision, and its lower extremity is fixed to the thoracic walls by india-rubber adhesive plaster, and the line of incision is closed with interrupted suture. In doing this, to avoid cicatrices as much as possible very small round sewing-needles are employed. These are inserted as near as possible to the edges of the incision, and carry the finest Chinese silk. After enough of them have been employed to bring the lips of the wound into accurate contact the line of incision is covered with gutta-percha and collodion, and the ordinary antiseptic dressing is applied. If the glass drainage-tube acts perfectly there is no offensive odor to the discharge, and the temperature does not rise above 100°. The tube is in no way interfered with until the ninth day, when the stitches are removed. If, on the other hand, the tube does not appear to perform its function satisfactorily, it is manipulated so as to cause it to drain all parts of the cavity, and warm carbolized water is freely injected through it every eight hours. On the ninth day, when the stitches are removed, the tube is removed likewise.

Uric Acid in Diabetics.—Dr. Coignard publishes in the *Journal de Thérapeutique* an important article on the subject of the etiological conditions of diabetes and its prognosis. M. Coignard at once recalls that it is classic to consider nephritic colic, followed by the elimination of uric-acid gravel, as one of the most frequent precursory phenomena of glycosuria and albuminuria. Moreover, this work gives evidence to the fact of patients becoming glycosuric, with whom for many years a chemical analysis of the urine made at different times had shown an excess of uric acid without any other anomaly. M. Coignard cites many observations showing that uric acid in excess in the urine of patients, whether they have nephritic colic or not, is a premonitory symptom of glycosuria. Here another question presents itself: Are these patients diabetic, or simply glycosuric? In other words, do there exist positive differences between diabetes and glycosuria? M. Coignard thinks, following observations collected from different authors, and after seventy-nine of his own, that diabetes is to glycosuria as pernicious fever is to simple intermittent fever; that is to say that diabetes would be a grave form of a comparatively mild and often passing-morbid condition. So very often, habitually even, the patient who eliminated in twenty-four hours ten to thirty grams of sugar for ten years, all at once, from no appreciable cause, comes to eliminate one hundred, two hundred grams, and more; then under the influence of a well-directed treatment the amount of sugar descends again to one hundred, to eighty grams per diem sometimes, but rarely lower, and the patient falls away and succumbs to some intercurrent

affection without the amount of sugar being again sensibly increased.

Upon the other hand, a man hitherto to all appearances in good health is within the space of a week attacked with thirst, polyuria, embarrassment, of speech, dyspnea, etc. Analysis of the urine discloses four hundred and five hundred grams of sugar and forty-five grams of iodine and more. However, under the influence of treatment, after one or two months, often more, the amount of sugar is reduced to four or five grams, all the grave symptoms disappear, and the man seems almost cured.

Where is the diabetes? Where is the glycosuria? The distinction appears impossible in the actual state of medical knowledge, and perhaps it is reasonable to consider the man in whose urine sugar is found as depressed from some cause or other. Sugar may be found at some given time in all diseases, from chlorosis and hysteria to intermittent fevers and a great number of acute affections. Sugar in the urine is a symptom. It can not, according to M. Coignard, be made the pathognomonic sign of a determinate lesion.

Another point arising from the observations of M. Coignard is that glycosurics in whom the quantity of urea excreted is increased at the same time that excretion of uric acid is below normal present a condition whose prognosis can be considered grave. On the contrary, when uric acid is in excess in urine containing sugar, the urea remaining normal, the prognosis, although reserved, seems more favorable. The most of the patients affected with diabetes called intermittent, whose health is scarcely altered, though the affection is of long standing, are indeed uricemic. The study of uric acid in diabetics is then of great importance, for if the facts could be exacted in absolute manner, which, it is true, can hardly be possible in an affection with such variable conditions, it would permit the immediate formation of a prognosis. — C. C., in *Cin. Lancet and Clinic*.

A Third Corpuscular Element in the Blood. Prof. Bizzozero, of Turin, claims to have discovered a new variety of blood-corpuscle. He has observed it in the blood circulating in the mesentery of rabbits and guinea-pigs previously chloralized, and in human blood prevented from coagulating by means of a mixture of chloride of sodium and methyl-violet. He describes these bodies as being colorless, more transparent than white blood-corpuscles, definitely round or oval, and disk-like or lenticular in shape, a half to one third the size of red blood-corpuscles, and less numerous than the latter; as tending to aggregate round the white blood-corpuscles, and rapidly becoming granular on exposure to air. They appear not to be derived from the leucocytes, with which they seem to have nothing in common but the want of color. [Norris has described similar but rather larger bodies (equal in size to a red corpuscle), that he regards as lymph-cells undergoing the change into red blood-corpuscles, but not yet colored by hemoglobin.] Bizzozero finds that these corpuscles are more numerous in the blood-vessels after bleeding, and on the following grounds he holds that they, and not the leucocytes, as stated by Schmidt and Mantegazza, play the principal part in coagulation: 1. He finds that before coagulation these corpuscles are in their normal state. 2. Coagulation is simultaneous with a granular change in them. 3. Agents which prevent this granular change prevent coagulation, and vice versa. 4. He has shown by experiment that

almost all the corpuscles in the fibrinous clot of whipped blood are of this kind, while true leucocytes are too few to exert an equal influence. It will be remembered that Hayem observed bodies like the corpuscles of Bizzozero, but showing a stroma with hemoglobin, which he called "hematoblasts," and regarded as forming red corpuscles and as inducing coagulation.—*The Lancet*.

Paroxysmal Hemoglobinuria.—Robert Saundby, M.D., M.R.C.P., in an able paper on this affection (*Medical Times and Gazette*, March 4, 1882), arrives at the following conclusions:

1. Paroxysmal hemoglobinuria occurs at all ages, but most commonly in young persons.
2. It affects both sexes, but males more frequently than females.
3. It is in some cases distinctly hereditary.
4. The exciting cause of an attack is almost invariably a chill. Though in a few cases the first attack has undoubtedly been induced by a blow, yet the subsequent attacks have been brought on by exposure to cold.
5. Its relation to ague is exceptional and not well made out.
6. It is not specially associated with any known diathetic tendency (e. g. rheumatism, gout, scrofula), or with any specific disease (e. g. syphilis).
7. There is strong reason to believe that functional disturbance of the liver is present in many cases.
8. Enlargement of the spleen has been noted, but is exceptional.
9. During attacks the temperature may vary from normal, or even subnormal, to a high degree of fever (105° F.).
10. The skin may be covered by profuse perspiration, or this may be restricted to certain parts, or it may be dry.
11. The skin may be jaundiced, or of a peculiar dusky hue, during and after the attacks.
12. The serum of the blood during the attacks has been shown to contain hemoglobin (Hayem).
13. The microscopical characters of the blood are those of slight anemia.
14. The urine during the attacks always contains hemoglobin or met-hemoglobin, serum, albumen, paraglobulin, granular and hyaline casts, and urates.
15. The urine between the attacks may contain traces of albumen or hemoglobin, or both.
16. The prognosis as to recovery from each attack is good, no fatal case having occurred.
17. While a spontaneous cure has been recorded, as a rule the liability to relapses persists.
18. No drug influences the liability to relapse, but during the paroxysms quinine has seemed of most service.
19. Residence in a tropical climate affords the best prospect of warding off future attacks.

Operative Treatment of Ozena Simplex.—During the last year I have attempted in two cases of ozena affecting young girls to bring about a better ventilation of the nares by removing the lower and greater portion of the middle turbinated bones. In both cases I have met with striking success. The most harassing symptom, and that for which the patient sought relief—the penetrating odor of the discharge—disappeared. It should be remarked, however, that disinfecting lotions were used. The same injections had, however, been made for months and years before the operation without effecting any im-

provement in the character of the discharge. In both of these cases the nose was naturally of narrow construction, the inferior meatus permeable only to very small instruments, the vomer deflected from the median line, with the turbinated bones almost completely filling the cavity, particularly in the side. In one case the nasal mucous membrane was very much congested and of velvety appearance; in the second case cicatrices of previous ulcerations covered with thick, fetid crust was perceived. Aside from the benefit which the sense of smell derived from this operation, the enhanced facility for breathing and cleansing the nose was most gratifying to the patients.

Until a better operative procedure is devised I would suggest that a concave chisel be introduced into the nares, with the cutting edge placed against the anterior margin of the turbinated bones. A few strokes upon the chisel with the hand will displace the bone, and its attachments to the soft parts can be then divided with scissors. In case of severe hemorrhage plugging of the nostril may become necessary. Though I have operated in only two cases of simplex ozena, a rather rare affliction, I have deemed it desirable to impart my experience to my *confrères*. *Rishard Volkmann, in Zeitsch f. Chir.; Cin. Lancet and Clinic.*

The Causes of the Form of Bones.—Prof. Lesshaft, of St. Petersburg, read a paper on this subject which deserves a fuller report than the abstract allows us to give of it. He made a series of experiments with Dr. Popoff which led him to the following conclusions:

1. The development of every part of a bone is in relation with the activity of its neighboring muscles. When activity is great the bones are strong, but when feeble the bones become thinner, weaker, more slender, and relatively longer.

2. The form of the bones varies when the resistance of the neighboring organs is lessened. In such cases the bone grows thicker toward the part which offers least resistance.

3. The form of the bones depends upon the greater or less amount of pressure by exterior organs. Development is diminished whenever outside pressure increases, and if pressure be only directed on one side the bone accordingly alters its shapes and curves.

4. The aponeuroses, which are under direct muscular influence, also exert a lateral pressure, which is lessened by section of the aponeurosis. This has the same effect on the form of the bones as removal of portions of the muscles themselves.

5. The bones are active organs, as far as their structure is concerned, serving as a basis and support to the adjacent organs; but they are passive in relation to those organs. This relation depends mainly on the sources of their common nutrition, which increases as the pressure of adjacent parts diminishes, and as the action of neighboring muscles is developed.—*Boston Med. and Surg. Journal.*

Treatment of Hooping-cough.—Prof. Heubner has tested the comparative action of five of the most common remedies in this disease—viz. bromide of potassium, quinine, hydrate of chloral, salicylic acid, and belladonna. The bromide was given in doses of seven to forty-five grains per diem in aqueous solution, in twenty-three cases; chloral in ten cases; quinine powders up to five grains per diem in eleven cases; salicylic acid in a one-third to one-

half-per-cent solution as inhalations with Siegle's spray-producer, about an ounce being used at a time, in seventeen cases; and belladonna in doses of one fourth to one grain per diem in eight cases. In none of the twenty-three cases in which the bromide was given was the duration of the disease lessened, but in nine cases the number and severity of the paroxysms was lessened. The quinine was given partly in solution and partly in powder in eleven cases, in three of which the duration of the disease, and in two the length of the paroxysms, were lessened. Chloral was given in divided doses in two, and as enema in eight cases. In two the duration of the disease was lessened, and the intensity and length of the paroxysms in six cases. Salicylic acid was given by inhalation in sixteen, and as salicylate of soda internally in one case. In two the duration of the disease, and in ten the length and severity of the paroxysms, were lessened. Belladonna was given in eight cases. In three the duration of the disease, and in one case the intensity of the paroxysms, were lessened. Thus salicylic acid and chloral tend to relieve the paroxysm; belladonna and quinine to shorten the disease.—*Jahrb. f. Kinderk.; London Pract.*

Anomalous Vaccinia.—Before the March meeting of the Jackson County (Ind.) Medical Society, Dr. T. S. Galbraith, president, in the chair (Western Med. Reporter), Dr. Oppenheimer reported several anomalous cases of vaccinia. He vaccinated a girl of eight years from the same lot of bovine virus with which he had vaccinated others. Eight days after a varicelous eruption broke out all over the body, not very thickly, but with large umbilicated pustules, especially thick on the scalp, and accompanied by considerable fever. In two weeks afterward he was called to see two more children of the same family who had contracted the same disease by sleeping with the other. The children were all distinctly marked afterward wherever a pustule had been. All recovered without medicines. As an experiment, Dr. O. then vaccinated a young man who was profusely pock-marked from a case of variola that came very near killing him a number of years ago. The inoculation not only "took," but it "took bad." Patient was made very sick by it, but the eruption on the arm was not typical, there being no umbilication whatever. Dr. O. also mentioned a case of mild phthisis which he vaccinated. The wound became phagedenic and was very near destroying the patient.

Delphinium Ajacis.—Dr. Benvenuti has published the results of his researches upon the virtues of *Delphinium ajacis*. A cold acetic-acid infusion of the flowers in many cases of phtheiriasis pubis was very efficient in destroying parasites and ova. In several examples of intractable ulcerating bubo, lint soaked with the above infusion brought about speedy cicatrization. An aqueous infusion of the dried flowers brought about similar results in instances of phagedenic ulcers, virulent wounds, and adenitis seen in prostitutes. From his experiments the author draws the following conclusions: The flowers of the delphinium possess an insecticide action. They are to be preferred to other remedies of similar action on account of cheapness and absence of smell. They have a marked anesthetic action, are excitant, rubefacient, astringent, and antizymotic. The author thinks this remedy has many points of resemblance to carbolic acid and iodoform.—*Giorn. Ital. delle mal. Ven. e della Pelle.; London Pract.*



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